

Division of Health Service Regulation

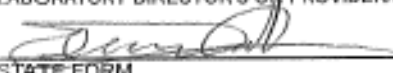
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/08/2015
NAME OF PROVIDER OR SUPPLIER COVENANT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 600 MT. MORIAH ROAD LUMBERTON, NC 28360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell and Ed Miller on December 8, 2015. This facility was first licensed as a Home for the Aged serving 30 residents on September 28, 1998. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 North Carolina State Building Code- Section 409 Institutional Occupancy - Group I. Deficiencies were noted which will require a new plan of correction.	C 000	CONSTRUCTION SECTION FEB 04 2016 RECEIVED	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building was not	C 101	All 3 main dust penetrations in the 1-hr rated wall has fire/smoke dampers installed. There has been no new penetrations since the building was constructed. Original installer of this system inspected both sides on both fire walls to find no new penetrations or any ABAC with no damper. Administrator will continue to monitor any activity in the attic due to these fire walls, upon every time repairs are done up there.	2-1-16 2-1-16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

1-26-16

Division of Health Service Regulation

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C 101	Continued From page 1 constructed in accordance with the NC State Building Code in effect when the building was first constructed or modified. This could affect all residents if smoke and fire were not contained in the smoke compartment of origin. Findings include: a) In the attic the wall over room 22, which is marked as a 1hr-rated wall, has been penetrated by an HVAC duct however there is no fire/smoke damper installed in the duct to maintain the fire resistance rating of the wall in a fire emergency.	C 101		
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on observation, current reports were not available at the time of the survey. Findings include: The following reports were not available at the time of the survey: a) Sanitation report for the building, b) Sanitation report for the kitchen, c) Fire Alarm Panel Annual Test Report.	C 111	Sanitation reports for Building and Kitchen was in my office being reviewed for the up-coming state survey and not in their folders. In the future I will make copies and leave originals in Main Office in their folders. These Reports are done every 3 months and will be in their folders in the future. Adm. will assume these are available at all times.	2-1-16
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 133		

(Signature)

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C 133	Continued From page 2 (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility was not maintained in a safe manner by having a loose hand grip at the toilet. Findings Include: The bathroom near room 23 has a loose hand grip at the toilet.	C 133	This was fixed by our new maintenance provider, we have now contracted someone to keep up with all the repairs that come up during a week. He will fix anything we put on his list for the week and do Ego. Checklist monthly. Adm will monitor these list and the Ego. Checklist monthly as it is done.	2-1-16
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building HVAC vents and their associated radiation dampers were not maintained in a safe manner. This would affect all residents by potentially preventing a damper from deploying in a fire emergency. Findings include: a) The ceiling HVAC vents and their radiation dampers are covered with lint, dust and dirt throughout the building.	C 164	Original Installer of these vents and dampers are on a once every 2 yr cleaning schedule for these vents. They have been cleaned and added to the Ego. Checklist. Adm will monitor the 24 mth timeframe to see if it should be adjusted.	2-1-16

(SW)

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C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would affect all residents by not containing smoke and fire in the room or smoke compartment of origin.</p> <p>Findings include:</p> <p>a. In the duct penetrating the 1 hr-rated attic smoke barrier wall over room 4 a smoke damper is being held open with a 2x4</p> <p>b. In the bedroom 8 closet the wall to the adjacent bedroom has been patched withluan plywood.</p> <p>d) In room 28 the radiation damper has activated near the window.</p> <p>2. Based on observation, the facility components were not maintained operable by having doors that are damaged or will not close and latch properly</p> <p>Findings include:</p> <p>The following doors have issues:</p> <p>a) Room 11 door is damaged,</p> <p>b) Room 14 door is damaged,</p> <p>c) Room 23 door is damaged,</p>	C 189	<p>Damper was repaired by Original Installer. Staff member that was doing maintenance was let go. Contracted new maintenance provider. Original 2-1-16 Installer of HVAC system and dampers will now be the only ones allowed to work on these system. Fire Wall Dampers are now on the Egu Checklist done monthly by maintenance and reviewed by Adm.</p> <p>New maintenance removed the Plumbers Patch work and replaced with proper access panel. 2-1-16</p> <p>Room #28 damper at the window was blowing, but they did make sure it was ok when they were cleaning the vents. 2-1-16</p> <p>New maintenance properly repaired the Doors. Door damage has now been added to the Egu Checklist done monthly by maintenance and reviewed by Adm. 2-1-16</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COVENANT CARE

600 MT. MORIAH ROAD
LUMBERTON, NC 28360

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C 189	Continued From page 4 d) The cross corridor doors near room #3 bathroom have a gap above the sight glass, and the doors will not latch. e) The door to the Laundry is being held open with a wedge. 3. The facility was not maintained in a safe manner by having loose plumbing fixtures. Findings include: In the bathroom near Room 8 the toilet is coming loose from the floor. 4. Based on observation, the building electrical system was not maintained to keep the facility safe. Findings include: a) In the attic there is a light fixture hanging by the wires. b) In the attic there is a light fixture with a broken bulb exposing live contacts. c) At the kitchen closet a GFCI outlet will not trip. 5. Based on observation, the building emergency illumination were not maintained in a safe manner. This would affect all residents by not keeping the exits visible in an emergency. Findings include: Emergency lights are not working in the following locations: a) Emergency light near room 23 is not working on battery backup, b) Emergency light near room 20 is not working on battery backup, c) Emergency light at the Med Room is not working on battery backup. 6. Based on observation, the required air gap for	C 189	Fixed by Thompson Electric (Fire System Installers) Door adjusted and glass fixed. These are things that he normally addresses on his yearly inspection. But we did add to our monthly EPO checklist inspection. Wedge removed. "Wedging" was addressed in the last Employee meeting. Admin will continuously monitor to ensure no wedges make its way back into the Facility. New maintenance fixed and checked all Toilets. Toilets and Grab-bars were added to the EPO checklist to be done monthly. All repairs will be done weekly if a list is provide that week. New Maintenance found and replaced. Maintenance will inspect attic monthly and after every service person gained access to the attic to ensure no damage was done. GFCI outlet replaced.	2-1-16 2-1-16 2-1-16

(Signature)

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LUMBERTON, NC 28360**

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C 189	Continued From page 5 the ice machine drain was not maintained in a safe manner. Findings include: a) The ice machine drain line is inserted into the floor drain.	C 189	Fixed by Thompson Electric (Fire System Installer) These are things he normally addresses on his yearly inspection, but we will add to our Ego Checklist so it can be checked monthly.	2-1-16
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule. Findings include: a) The exhaust fan in the Tub/bathroom near room 24 is not working. b) The exhaust fan in the Laundry is not working.	C 199	Maintenance removed the extension that was allowing water to flow directly into drain so the proper Gap is maintained. Fan motor found to be no good. Repaired and made sure Exhaust Fans were on the Ego Checklist for the maintenance to do monthly. Adm will monitor all the activity from the Ego Checklist once completed monthly.	2-1-16

SW

COVENANT CARE MONTHLY INSPECTION SHEET

[illegible][illegible]

SimplexGrinnell BE SAFE.

Task # 47397106 Weekly ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual ☒ 3 Year ☐ 5 Year ☐

Page 1 of 4

SR# 33084010

REPORT OF SPRINKLER INSPECTION

Date 9/1/2015

CUSTOMER	Covenant Care Home	INSPECTOR NAME	Allen L. Greenwood
BUILDING / LOCATION	Lumberton	SIMPLEXGRINNELL OFFICE	Simplex Grinnell
STREET	600 Mount Moriah Church Road		540 Civic Blvd. Suite 105
CITY / ST/PROV / ZIP/PC	Vanessa Ward		Raleigh NC 27610
ATTN:		PHONE #	1-919-279-6400
PHONE #	910-738-7777	LICENSE #	25450

1. GENERAL (To be answered by Customer.)

- a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?
- b. Have there been any changes or repairs to the fire protection systems since the last inspection?
- c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?

If answered "yes" to a, b or c, list changes in Section 13.

- d. Has the piping in all dry systems been checked for proper pitch within the past five years?

Date last checked: 11/6/2014

(check recommended at least every 5 years)

- e. Has the piping in all systems been checked for obstructive materials?

Date last checked: 11/6/2014

(check required at least every 5 years)

- f. Have all fire pumps been tested to full capacity using hose streams or flow meters within the past 12 months?

- g. Are gravity, surface or pressure tanks protected from freezing?

- h. Standard sprinklers 50 years old or older? ☐ QR (20yr) ☐ Dry (10 yr) ☐ >325F/163C (5yr) ☐ Corrosive env't. (5yr.)

(Testing or replacement required for these types of sprinklers.)

- i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300F/149C?

- j. Have gauges been tested, calibrated or replaced in the last 5 years?

Date 11/6/2014

- k. Alarm valves and associated trim been internally inspected past 5 years?

Date N/A

- l. Check valves internally inspected in the last 5 years?

Date 11/6/2014

- m. Has the private fire main been flow tested in last 5 years?

Date every year

- n. Standpipe 5 year requirements.

1. Dry standpipe hydrostatic test

Date N/A

2. Flow test

Date N/A

3. Hose hydrostatic test

Date N/A

4. Pressure control valve test

Date N/A

5. Pressure reducing valve test

Date N/A

- o. Have pressure reducing valves been tested at full flow within the past 5 years?

Date N/A

- q. Have master pressure reducing valves been tested at full flow within the past 1 year?

- r. Have the sprinkler systems been extended to all areas of the building?

- s. Are the building areas protected by a wet system heated, including its blind attics and perimeter areas?

- t. Are all exterior openings protected against the entrance of cold air?

2. CONTROL VALVES

- a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?

- b. Are all control valves sealed or supervised in the open position?

Control Valves	# of Valves	Type	Easily Accessible		Signs		Valve Open		Secured? If Yes, How?		(Sealed?) (Locked?) (Supd.?)	Supervision Operational	
			YES	NO	YES	NO	YES	NO	YES	NO		YES	NO
CITY CONNECTION			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TANK			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
PUMP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SECTIONAL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
SYSTEM	1	OS&Y	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ALARM LINE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Location of Control Valves:

The OS&Y valve is in the riser room on the riser.	

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REPORT OF SPRINKLER INSPECTION

Page 2 of 4

3. WATER SUPPLIES

a. Water supply sources: City: ☒

Gravity Tank: ☐

Pressure Fire Pump & Tank ☐

Pressure Fire Pump & City ☐

Pressure Fire Pump & Pond ☐

Main Drain Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure	Test Pipe Located	Size Test Pipe	Static Supply Pressure Before	Residual Pressure	Return time to Static Pressure
at the riser	2"	70	45	2 sec.					

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

- a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external conditions?
 b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
 c. Has the storage tank been internally inspected in the last 3 yrs. (unlined) or 5 yrs. (lined)?
 d. Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?
 e. Are fire dept. connections visible and accessible?

Date: N/A

YES	NA	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. WET SYSTEMS

- a. No. of systems: N/A Make & Model
 b. Are cold weather valves in the appropriate open or closed position?
 If closed, has piping been drained?
 c. Has the Customer been advised that cold weather valves are not recommended?
 d. Have all the antifreeze systems been tested? Date: N/A

The antifreeze tests indicated protection to: (Note temp & type for each. Example: -15F/126C glycol or -15F/-26C glycerin)

System 1)	2)	3)
4)	5)	6)

- e. Did alarm valves, water flow alarm devices and retards test satisfactorily?

Quantity: 1

YES	NA	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. DRY SYSTEMS

- a. No. of systems: 1 Make & Model: Tyco DP-1 4"
 Date last trip tested: 8/30/2013 ☐ Partial ☒ Full

- b. Are the air pressure and priming water levels normal?

- c. Did the air compressor operate satisfactorily?

- d. Air compressor oil checked? ☐ Belt? ☐

- e. Were Auxiliary / Low Point drains drained during this inspection?

No. of Drains: 2

- Locations 1) One at the far end of the building. 2) The two inch drain in the riser room.
 3) 4)

- f. Did all quick opening devices operate satisfactorily?

Make: Grinnell Model: A-5

- g. Did all the dry valves operate satisfactorily during this inspection?

- h. Is the dry valve house heated?

- i. Do dry valves appear to be protected from freezing?

YES	NA	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. SPECIAL SYSTEMS

- a. No. of systems: N/A

Make & Model:

Type:

- b. Were valves tested as required?

- c. Did all heat responsive systems operate satisfactorily?

- d. Did the supervisory features operate during testing?

- e. Has a supplemental test form for this system been completed and provided to the customer? (Please attach)

Auxiliary equipment: No. Type:

Location

Test results

YES	NA	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. ALARMS

- a. Did the water motors and gong operate during testing?
 b. Did the electric alarms operate during testing?
 c. Did the supervisory alarms operate during testing?

YES	NA	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SimplexGrinnell BE SAFE.

Task 0

47397106

SR#

33084010

Inspector: Allen L. Greenwood

SUPPLEMENTAL RECORD OF INSPECTION

Date 9/1/2015

[illegible]

Food Establishment Inspection Report

Score: 96

Establishment Name: COVENANT CARE

Establishment ID: 5078160013

Location Address: 600 MT MORIAH CHURCH ROAD

☒ Inspection ☐ Re-Inspection

City: LUMBERTON

State: NC

Date: 11 / 09 / 2015 Status Code: A

Zip: 28360

County: 78 Robeson

Time In: 10 : 00 am Time Out: 10 : 50 am

Permittee: SEAN B WARD

Total Time: 50 minutes

Telephone: (910) 738-7777

Category #: IV

Wastewater System: ☐ Municipal/Community ☐ On-Site System

FDA Establishment Type: Nursing Home

Water Supply: ☒ Municipal/Community ☐ On-Site Supply

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations:

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness

Public Health Interventions: Control measures to prevent foodborne illness or injury

IN	OUT	NA	NO	Compliance Status	OUT	CDI	R	ER
Supervision .2652								
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PIC Present, Demonstration/Certification by accredited program and perform duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health .2652								
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management, employees knowledge responsibilities & reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper use of reporting restriction & exclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices .2652, .2653								
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper eating, tasting, drinking or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No discharge from eyes, nose or mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hands clean & properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks supplied & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source .2653, .2655								
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food in good condition, safe & unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required records available: shelfstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination .2653, .2654								
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food separated & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food-contact surfaces cleaned & sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food Time/Temperature .2653								
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper date marking & disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time as a public health control procedure & records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory .2653								
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations .2653								
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized foods used, prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical .2653, .2657								
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food additives approved & properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toxic substances properly identified, stored, & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures .2653, .2654, .2659								
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals and physical objects into foods

IN	OUT	NA	NO	Compliance Status	OUT	CDI	R	ER
Safe Food and Water .2653, .2655, .2659								
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Temperature Control .2653, .2654								
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification .2653								
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food properly labeled: original container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insects & rodents not present; no unauthorized animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Use of Utensils .2653, .2654								
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utensils, equipment & linens properly stored, dried & handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Single-use & single-service articles properly stored & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utensils and Equipment .2653, .2654, .2655								
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities installed, maintained & used, test strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Facilities .2654, .2655, .2656								
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot & cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities properly constructed, supplied & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Garbage & refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floors ventilation & lighting requirements designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Deductions: 4								



North Carolina Department of Health & Human Services • Division of Public Health • Environmental Health Section • Food Protection Program
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Comment Addendum to Food Establishment Inspection Report

Establishment Name: COVENANT CARE

Establishment ID: 5078160013

Location Address: 600 MT MORIAH CHURCH ROAD

City: LUMBERTON

State: NC

County: 78 Robeson

Zip: 28360

Wastewater System: ☐ Municipal/Community ☐ On-Site System

Water Supply: ☐ Municipal/Community ☐ On-Site System

Permittee: SEAN B WARD

Telephone: (910) 738-7777

☐ Inspection ☐ Re-Inspection Date: 11/09/2015

Comment Addendum Attached? ☐ Status Code: A

Category #: IV

Email 1: ENCUSTED BULD UP888888

Email 2:

Email 3:

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
squash	stove top/cooking	208						
tomato sauce	2 door refrigerator/cold	41						
carrots	refrigerator/cold holding	40						

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

- 4 2-401.11 Eating, Drinking, or Using Tobacco - C A Food Employee may drink from a closed beverage container. Open drink discarded.
- 34 4-302.12 Food Temperature Measuring Devices - PF Obtain a small diameter probe thermometer for measuring thin foods such as meat patties and fish filets.
- 39 3-304.14 Wiping Cloths, Use Limitation - C Need to hold wiping cloths in sanitizer.

Person in Charge (Print & Sign): LaToya First Last Locklear

Regulatory Authority (Print & Sign): Michele First Last Fanning

REHS ID: 1068 - FANNING, MICHELE

REHS Contact Phone Number (910) 373-6566

Verification Required Date: 1/1/



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Comment Addendum to Food Establishment Inspection Report

Establishment Name: COVENANT CARE

Establishment ID: 5078160013

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code

- 42 4-901.11 Equipment and Utensils, Air-Drying Required - C Need to allow pans and bowls to air dry.
- 45 4-501.11 Good Repair and Proper Adjustment-Equipment - C Need to replace torn gasket on 2 door refrigerator.
4-205.10 Food Equipment, Certification and Classification - C Refrigerator and freezer in storage room needs to be ANSI/UL or NSF listed, which contains food items.
- 47 4-601.11 (B) and (C) Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils - C Need to clean pans of encrusted build up on bottoms and under rims.



Current Facility ID: 5078400014

Old Facility ID

Permitter: SEAN B WARD

Mailing Addr. P O BOX 863

States

Zip:

**Deduction
Full Malt
Circles and**

- | | |
|--|---|
| 28. Adequate storage, area clean, items properly stored | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 29. Mop sinks provided and used | <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 30. Medication carts clean, sharps containers affixed, food and utensils handled properly | <input type="checkbox"/> 2 <input type="checkbox"/> 1 |
| 31. Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions | <input type="checkbox"/> 2 <input type="checkbox"/> 1 |

FURNISHINGS AND PATIENT CONTACT ITEMS: [1319, 1312]

32. Furniture clean and in good repair. Mattresses clean, dry, odor free ☐ 2 ☐ 1
33. Linen changed when soiled. Soiled linen handled properly ☐ 2 ☐ 1
34. Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately. ☐ 2 ☐ 1
35. Patient contact items in good repair, properly stored, cleaned and disinfected ☐ 1 ☐ 5

FOOD SERVICE UTENSILS AND EQUIPMENT:
[.1320]

36. Approved utensils and equipment, cleaned and sanitized ☐ 2 ☐ 1
37. Activity kitchens used only for approved activities ☐ 1 ☐ .5
38. Handwash lavatory provided wherever food is handled . ☐ 2 ☐ 1

FOOD SUPPLIES AND PROTECTION: [1321, 1322, 1323]

- | | | |
|---|----------------------------|----------------------------|
| 39. Food supply complies with 15A NCAC 18A .2600 | <input type="checkbox"/> 4 | <input type="checkbox"/> 2 |
| 40. Food brought by employees or visitors handled properly | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| 41. Milk and milk products comply with 15A NCAC 18A .1200 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |
| 42. Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control | <input type="checkbox"/> 4 | <input type="checkbox"/> 2 |
| 43. Food storage units with thermometers, maintain temperatures | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| 44. Food stored above floor | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| 45. No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 |

EMPLOYEES: (1324)

46. Clothing clean, no tobacco used while handling food ☐ 1 ☐ 5
47. Hands properly washed or decontaminated ☐ 3 ☐ 1
48. Persons with infections excluded from food service work ☐ 2 ☐ 1

TOTAL 5.5

- Rept Received by:

Additional Comment Sheet Attached

☐ Yes ☒ No

EHS ID. = 1088 - FANNING, MICHELE

Contents of an inspection form to record the results of inspections made of environmental facilities. The form is developed to be used in making inspections of septicage, industrial waste, and similar wastewater. Preparation: Local health departments shall complete the form every time they conduct an inspection. Prepare an original and a copy for: 1. Original to be left with the administrator or manager; 2. Copy for the local health department; 3. Copy for the Environmental Health Services Section, Division of Environmental Health. **Duplication:** This form may be obtained in accordance with Standard 1-2. **Inspection Records of the Records Retention and Disposition Schedule for County District Health Departments** which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Division of Environmental Health, 1951 Mail Service Center, Raleigh, NC 27617-9452. **Form 120-100.**

COMMENT ADDENDUMName: COVENANT CAREID: 5078400014Street: 600 MT MORIAH CHURCH ROADCity: LUMBERTONTime In: 1 0 : 5 0 ☐ ar ☐ prTime Out: 1 2 : 0 0 ☐ ar ☐ prTotal Time: 1 hr 10 minutes

- 3 Need to walls where needed and repaint where needed.
- 5 Need to clean blinds and window sills throughout. Need to clean restroom vent. Need to replace burned out bulb in storage room at end of main hall.
- 8 Need to clean toilets and spray rinse toilet. Need to replace broken toilet seat. Need to repair out of order toilet. Need to clean showe curtains.
- 17 Need to clean water fountains and repair broken water fountains.
- 28 Need to store cleaning supplies above the floor on shelf or pallet in soiled utility room.
- 33 Need to provide basket for soiled patient linen. Need to provide clean pillow and bedspread in good repair in patient room. (#21)

